Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FLEX-N-GATE CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1994

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
FLEX-N-GATE CORPORATION

1306 EAST UNIVERSITY AVENUE
URBANA, IL 61802-2013

2b Employer Identification Number (EIN)
37-1049734

2c Sponsor's telephone number
217-384-6600

2d Business code (see instructions)
336300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2011	TOM CLARKSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FLEX-N-GATE CORPORATION 1306 EAST UNIVERSITY AVENUE URBANA, IL 61802-2013	**3b** Administrator's EIN 37-1049734 **3c** Administrator's telephone number 217-384-6600

4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		**4b** EIN
a	Sponsor's name		**4c** PN
5	Total number of participants at the beginning of the plan year	**5**	3834
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	3224
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	297
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3521
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	3521
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3)	X Trust	**(3)**	X Trust
(4)	General assets of the sponsor	**(4)**	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		**b General Schedules**		
(1)	X **R** (Retirement Plan Information)	**(1)**	X	**H** (Financial Information)
(2)	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**		**I** (Financial Information – Small Plan)
		(3)		___ **A** (Insurance Information)
		(4)	X	**C** (Service Provider Information)
(3)	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**		**D** (DFE/Participating Plan Information)
		(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
FLEX-N-GATE CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FLEX-N-GATE CORPORATION

D Employer Identification Number (EIN)
37-1049734

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BUSEY TRUST COMPANY

37-1205455

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NATIONWIDE

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49 59 60 63 64 99	NONE	347289	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

BENEFIT PLANNING CONSULTANTS INC

32-7481187

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	5655	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
FLEX-N-GATE CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FLEX-N-GATE CORPORATION

D Employer Identification Number (EIN)
37-1049734

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2566944	3510058
(2) Participant contributions	1b(2)	105638	61090
(3) Other	1b(3)	240	364
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	40392	75760
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	53750086	69584760
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	56463300	73232032
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	414	39839
k Total liabilities (add all amounts in lines 1g through1j)	1k	414	39839
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	56462886	73192193

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3519855	
(B) Participants	2a(1)(B)	5619150	
(C) Others (including rollovers)	2a(1)(C)	3459911	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12598916
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3493	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3493
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7607771
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		20210180
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3521189	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3521189
f	Corrective distributions (see instructions)	2f		32454
g	Certain deemed distributions of participant loans (see instructions)	2g		34526
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)	5719	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	91	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5810
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3593979
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		16616201
l	Transfers of assets:			
	(1) To this plan	2l(1)		121516
	(2) From this plan	2l(2)		8410

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLIFTON GUNDERSON LLP **(2)** EIN: 37-0802863

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		38763
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
FLEX-N-GATE AUTOMOTIVE GROUP COMBINED UNION 401(K) PROFIT SHARING PLAN	37-1049734	003

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
FLEX-N-GATE CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FLEX-N-GATE CORPORATION

D Employer Identification Number (EIN)
37-1049734

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FLEX-N-GATE CORPORATION
401(k) PLAN
Urbana, Illinois

FINANCIAL STATEMENTS
December 31, 2010 and 2009

Clifton Gunderson LLP
Certified Public Accountants & Consultants

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Clifton Gunderson LLP
Certified Public Accountants & Consultants

Independent Auditor's Report

Plan Trustees
Flex-N-Gate Corporation 401(k) Plan
Urbana, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of Flex-N-Gate Corporation 401(k) Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clifton Gunderson LLP

Champaign, Illinois
October 13, 2011

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Member of HLB International

FLEX-N-GATE CORPORATION
401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	2010	2009
ASSETS		
Participant directed investments, at fair value	$ 69,584,760	$ 53,750,086
Receivables:		
Employer safe harbor contribution	3,510,058	2,566,944
Employee deferrals	61,090	105,638
Notes receivable from participants	75,760	40,392
Due from Flex-N-Gate Automotive Group Combined Union 401(k) Profit Sharing Plan and Trust	364	240
Total receivables	3,647,272	2,713,214
Total assets	73,232,032	56,463,300
LIABILITIES		
Due to Flex-N-Gate Automotive Group Combined Union 401(k) Profit Sharing Plan and Trust	6,402	-
Corrective distributions payable	33,437	414
Total liabilities	39,839	414
NET ASSETS AVAILABLE FOR BENEFITS	$ 73,192,193	$ 56,462,886

The accompanying notes are an integral part of the financial statements.

FLEX-N-GATE CORPORATION
401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2010 and 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Employer	$ 3,519,855	$ 2,666,350
Participants	5,619,150	4,452,231
Participant rollovers	3,459,911	606,562
Total contributions	12,598,916	7,725,143
Interest income from notes receivable from participants	3,493	1,398
Investment income	7,602,053	11,989,146
Transfer from Flex-N-Gate Automotive Group Combined Union 401(k) Profit Sharing Plan and Trust and the Meridan Investment Plan	121,516	333
Total additions	20,325,978	19,716,020
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	3,555,644	5,494,498
Other expense	91	-
Transfer to Flex-N-Gate Automotive Group Combined Union 401(k) Profit Sharing Plan and Trust	8,410	4,466
Deemed distributions	72	2,755
Corrective distributions	32,454	250
Total deductions	3,596,671	5,501,969
NET INCREASE	16,729,307	14,214,051
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	56,462,886	42,248,835
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 73,192,193	$ 56,462,886

The accompanying notes are an integral part of the financial statements.

FLEX-N-GATE CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions which affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to net assets and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Revenue Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Income (loss) from variable annuities includes dividend income and net appreciation (depreciation) of the underlying mutual funds. The net appreciation (depreciation) includes gain and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Changes in Accounting Principle

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements*. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers; (ii) disclosure, on a gross basis, of purchases, sales, issuances, and net settlements within Level 3; (iii) disclosures by class of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. This guidance was effective for interim and annual reporting periods beginning after December 31, 2009, except for the Level 3 disclosure requirements, which will be effective for fiscal years beginning after December 15, 2010 and interim periods within those fiscal years with early adoption permitted. Management of the Plan does not believe the adoption of this guidance will impact the financial statement amounts; however, additional disclosures may be required.

The Plan adopted a new accounting standard, *Reporting Loans to Participants by Defined Contribution Pension Plans,* which provides clarification of how loans to participants should be classified and measured by defined contribution pension benefit plans. This guidance requires that loans to participants be reported as notes receivable from participants in the statement of net assets available for benefits and be measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan adopted this standard in its December 31, 2010 financial statements and has reclassified participant loans of $40,392 from participant-directed investments to notes receivable from participants as of December 31, 2009. The Plan also reclassified interest income from participant loans of $1,398 from investment income to interest income from notes receivable from participants for the year ended December 31, 2009. Net assets of the Plan were not affected by the adoption of this standard.

NOTE 2 - DESCRIPTION OF THE PLAN

The following description of the Flex-N-Gate Corporation 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all non-union employees of Flex-N-Gate Corporation and its subsidiaries and affiliated companies including, Flex-N-Gate Management L.L.C., Flex-N-Gate Oklahoma L.L.C., Flex-N-Gate Plastics, Inc., Flex-N-Gate Alabama L.L.C., Flex-N-Gate Logistics L.L.C., Ventra Ohio Corporation, Flex-N-Gate Hoover Road L.L.C., Chrome Craft Corporation, Flightstar Corporation, Ventra Belvidere L.L.C., Ventra Evart L.L.C., UG & CC L.L.C., Ventra Salem Holdings Corp., Flex-N-Gate Michigan, L.L.C., Ventra Fowlerville, L.L.C., Ventra Grand Rapids 29, L.L.C., Ventra Grand Rapids 5, L.L.C., Ventra Ionia Main, L.L.C., Ventra Angola, L.L.C., Flex-N-Gate Texas, L.L.C., and Flex-N-Gate Royal Oak ("Company") who have three months of service, are age eighteen or older, and who elect to participate in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

NOTE 2 - DESCRIPTION OF THE PLAN (CONTINUED)

Contributions

Each calendar year, participants may elect to defer a portion of their compensation up to the maximum amount allowed under the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan currently offers eighteen separate investment options for plan participants. The Companies have adopted a safe harbor matching contribution equal to 100 percent of the first 3 percent of salary deferred, plus 50 percent of the participant deferral in excess of 3 percent, but not in excess of 5 percent. The maximum match will not exceed 4 percent of compensation. Additional profit sharing and an additional match may be contributed at the option of the Company's board of directors. No profit sharing contribution or additional match was authorized for either 2010 or 2009. Employees excluded are employees covered by a collectively bargained unit and leased employees. Highly compensated employees are excluded from any non-elective contributions. Contributions may be subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's matching contribution and profit sharing contribution, if applicable and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and the safe harbor match plus actual earnings thereon. Vesting in the Company's discretionary matching and profit sharing contribution portions of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100 percent vested after six years of credited service in their discretionary matching and profit sharing balance.

Notes Receivable from Participants

The Plan was amended to allow loans previously made to participants of other Plans, which are rolled into the Flex-N-Gate Corporation 401(k) Plan. No new loans can be made. The loans are secured by the balance in the participant's account.

Payments of Benefits

On termination of service for any reason, a participant will receive the value of the vested interest in his or her account as a lump-sum distribution.

NOTE 2 - DESCRIPTION OF THE PLAN (CONTINUED)

Forfeited Accounts

At December 31, 2010 and 2009 forfeited non-vested profit sharing accounts totaled $1,690 and $6,550, respectively; forfeited non-vested 401(k) discretionary match accounts totaled $3,461 and $6,149, respectively; forfeited non-vested pre-tax deferrals totaled $0 and $2, respectively; forfeited non-vested pension accounts totaled $6,394 and $72,442, respectively; forfeited non-vested safe-harbor accounts totaled $4,479 and $103,835, respectively; and forfeited non-vested suspense accounts totaled $230 and $7,229, respectively. Forfeitures of $196,207 were applied to reduce the employer match at the year ended December 31, 2009.

Distributions Requested But Not Paid

Included in net assets available for benefits are amounts that have been requested by participants who have elected to withdraw from the Plan, who have not been paid. Plan assets allocated to these participants were $0 and $2,776 at December 31, 2010 and 2009, respectively.

NOTE 3 - SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE

The Plan's administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

a. Total investments, as shown in the accompanying statements of net assets available for benefits of $69,584,760 and $53,750,086 as of December 31, 2010 and 2009, respectively.

b. Net investment earnings (losses) as shown in the accompanying statements of changes in net assets available for benefits of $7,607,772 and $12,105,069 for the years ended December 31, 2010 and 2009, respectively.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 4 - INVESTMENTS

The fair values of individual investments that represent 5% or more of the Plan's net assets as of December 31 are as follows:

	2010	2009
Registered investment companies		
Federated Total Return Bond Institutional Fund	$ 7,995,524	$ 5,974,901
American Funds American Balanced Fund	5,603,017	4,183,585
American Funds Capital World Growth Income	4,984,234	4,167,453
American Funds Europacific Growth Fund	4,098,296	3,216,474
American Funds The Growth Fund of America	6,526,920	5,112,357
Vanguard Small Cap Value Index Fund	7,319,439	5,666,564
Invesco Van Kampen Growth and Income Fund	5,155,116	*
Nw Investor Destinations Aggressive Fund	3,824,771	3,188,331
Nw Investor Destinations Moderate Aggressive Fund	7,182,248	5,912,002
Vanguard Mid Cap Growth Index Fund	6,104,242	4,022,085
Vankamp Growth & Income Fund	*	3,973,364

*Below 5% threshold in the Plan.

Investment income is comprised of the following for the years ended December 31:

	2010	2009
Interest and dividends	$ -	$ 1,212,331
Other income	-	538
Net appreciation (depreciation) in fair value of investments		
Variable annuities	(8,785)	-
Registered investment companies	7,616,557	10,892,738
	7,607,772	12,105,607
Less investment expense	(5,719)	(116,461)
Investment income	$ 7,602,053	$ 11,989,146

NOTE 5 - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy are described as follows:

Level 1- Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Foundation has the ability to access.

Level 2- Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability;

Level 3- Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Variable annuities: Valued at the unit value based on the closing price reported on the net asset value of the underlying investment in mutual funds.

Registered investment companies: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair vales. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Assets at Fair Value As of December 31, 2010			
	Level 1	**Level 2**	**Level 3**	**Total**
Variable annuities:				
Money Market Fund [(a)]	$ -	$ 2,612,161	$ -	$ 2,612,161
Registered Investment Companies:				
Balanced	22,259,327	-	-	22,259,327
International Stocks	9,920,458	-	-	9,920,458
Large-Cap Stocks	11,682,036	-	-	11,682,036
Mid-Cap Stocks	6,388,095	-	-	6,388,095
Short-term Bonds	1,081,669	-	-	1,081,669
Bonds	7,955,524	-	-	7,955,524
Small-Cap Stocks	7,685,490	-	-	7,685,490
Total assets at fair value	$66,972,599	$ 2,612,161	$ -	$69,584,760

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Assets at Fair Value As of December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Variable annuities:				
Money Market Fund [(a)]	$ -	$ 2,536,754	$ -	$ 2,536,754
Registered Investment Companies:				
Balanced	17,784,988	-	-	17,784,988
International Stocks	7,689,349	-	-	7,689,349
Large-Cap Stocks	9,085,721	-	-	9,085,721
Mid-Cap Stocks	4,108,998	-	-	4,108,998
Short-term Bonds	751,238	-	-	751,238
Bonds	5,974,901	-	-	5,974,901
Small-Cap Stocks	5,818,137	-	-	5,818,137
Total assets at fair value	$51,213,332	$ 2,536,754	$ -	$53,750,086

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

(a) This variable annuity money market account invests in the Dreyfus Institutional Preferred Money Market Prime Fund. The Dreyfus Institutional Preferred Money Market Prime Fund seeks as high a level of current income as is consistent with the preservation of capital and the maintenance of liquidity. The fund typically invests in a diversified portfolio of high quality, short-term debt securities. It also invests at least 25% of total assets in bank obligations.

NOTE 6 - TERMINATION OF PLAN

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

NOTE 7 - TAX STATUS

The Plan has adopted the Benefit Planning Consultants Inc. Volume Submitter Money Purchase Pension Plan, which the Internal Revenue Service has determined and informed Benefit Planning Consultants, Inc. by a letter dated March 31, 2008 that the form of the Prototype plan is acceptable for use by employers under Section 401 of the Internal Revenue Code (IRC). The Plan itself has not requested a determination letter, however, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 8 - RELATED PARTIES

Certain Plan investments are in some registered investment companies that are managed by Nationwide Life Insurance Company. Nationwide Life Insurance Company is the Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Benefit Planning Consultants (BPC) is the third-party administrator of the Plan and, therefore, transactions with BPC qualify as party-in-interest transactions.

The Plan paid fees directly to Benefit Planning Consultants and Nationwide Life Insurance Company of $5,655 (withdrawal fees) and $64 (loan maintenance fee), respectively, in 2010. The Plan paid fees directly to Benefit Planning Consultants and Nationwide Life Insurance Company of $11,426 and $105,035, respectively, in 2009. Other fees for 2010 and 2009 paid to Nationwide Life Insurance Company, Benefit Planning Consultants, Busey Trust, and mutual fund companies for investment fees, plan administration and consulting were deducted in the calculation of the unit value of the investments and are, therefore, included in the calculation of investment income and are not reported as investment expense of the Plan. The Plan sponsor pays all other expenses related to the Plan.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan provides various investment options in various combinations of investment funds. Investment funds are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 - SUBSEQUENT EVENTS

Management evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued. Events or transactions occurring after December 31, 2010, but prior to October 13, 2011 that provide additional evidence about conditions that existed at December 31, 2010, have been recognized in the financial statements for the year ended December 31, 2010. Events or transactions that provided evidence about conditions that did not exist at December 31, 2010 but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended December 31, 2010.

SUPPLEMENTAL INFORMATION

FLEX-N-GATE CORPORATION
401(k) PLAN
FEIN #37-1049734
PLAN #002
SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2010

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions
2009	$38,763	$38,763
2010	$47,820	$47,820

FLEX-N-GATE CORPORATION
401(k) PLAN
FEIN #37-1049734
PLAN #002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2010

a)	b) & c) Identity of Issue and Description of Investment	d) Current Value
	VARIABLE ANNUITIES	
	Dreyfus Institutional Preferred Money Market - 2,618,389.8986 units	$ 2,612,161
	REGISTERED INVESTMENT COMPANIES	
	American Funds American Balanced Fund R6 - 4,673,785.8316 shares	5,603,017
	American Funds Capital World Growth Income Fund R6 - 4,348,521.2194 shares	4,984,234
	American Funds Europacific Growth Fund R6 - 3,557,389.7403 shares	4,098,296
	American Funds The Growth Fund of America - 5,392,536.3203 shares	6,526,920
	Federated Total Return Bond Inst Fund - 7,271,946.0269 shares	7,955,524
	Invesco Small Cap Growth Inst Fund - 232,434.5833 shares	366,051
	Invesco Van Kampen Growth and Income Fund - 3,766,403.6688 shares	5,155,116
*	Nw Investor Destinations Aggressive Fund - 3,149,689.6970 shares	3,824,771
*	Nw Investor Destinations Conservative Fund - 1,053,762.2180 shares	1,133,969
*	Nw Investor Destinations Moderate Fund - 2,251,554.2345 shares	2,598,622
*	Nw Investor Destinations Moderate Aggressive Fund - 6,054,394.4305 shares	7,182,248
*	Nw Investor Destinations Moderate Conservative Fund - 1,718,059.3943 shares	1,916,700
	Oppenheimer Developing Market Fund Y - 576,441.6045 shares	837,928
	Vanguard Small Cap Value Index Fund - 5,454,427.2033 shares	7,319,439
	Vanguard Short Term Bond Index Fund - 874,269.3027 shares	1,081,669
	Vanguard Mid Cap Growth Index Fund - 3,553,806.5848 shares	6,104,242
	Vanguard Mid Cap Value Index Fund - 213,580.7869 shares	283,853
	TOTAL REGISTERED INVESTMENT COMPANIES	66,972,599
	NOTES RECEIVABLE FROM PARTICIPANTS	
	Participant loans - 5.25% to 10.50% interest rates, with maturities through June 2014	75,760
	TOTAL	$ 69,660,520

* Party-in-interest as defined by ERISA.

FLEX-N-GATE CORPORATION
401(k) PLAN
FEIN #37-1049734
PLAN #002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2010

a)	b) & c) Identity of Issue and Description of Investment	d) Current Value
	VARIABLE ANNUITIES	
	Dreyfus Institutional Preferred Money Market - 2,618,389.8986 units	$ 2,612,161
	REGISTERED INVESTMENT COMPANIES	
	American Funds American Balanced Fund R6 - 4,673,785.8316 shares	5,603,017
	American Funds Capital World Growth Income Fund R6 - 4,348,521.2194 shares	4,984,234
	American Funds Europacific Growth Fund R6 - 3,557,389.7403 shares	4,098,296
	American Funds The Growth Fund of America - 5,392,536.3203 shares	6,526,920
	Federated Total Return Bond Inst Fund - 7,271,946.0269 shares	7,955,524
	Invesco Small Cap Growth Inst Fund - 232,434.5833 shares	366,051
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*	Nw Investor Destinations Aggressive Fund - 3,149,689.6970 shares	3,824,771
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	Oppenheimer Developing Market Fund Y - 576,441.6045 shares	837,928
	Vanguard Small Cap Value Index Fund - 5,454,427.2033 shares	7,319,439
	Vanguard Short Term Bond Index Fund - 874,269.3027 shares	1,081,669
	Vanguard Mid Cap Growth Index Fund - 3,553,806.5848 shares	6,104,242
	Vanguard Mid Cap Value Index Fund - 213,580.7869 shares	283,853
	TOTAL REGISTERED INVESTMENT COMPANIES	66,972,599
	NOTES RECEIVABLE FROM PARTICIPANTS	
	Participant loans - 5.25% to 10.50% interest rates, with maturities through June 2014	75,760
	TOTAL	$ 69,660,520

* Party-in-interest as defined by ERISA.

Attachment to 2010 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name Flex-N-Gate Corporation 401(k) Plan **EIN:** 37-1049734
Plan Sponsor's Name Flex-N-Gate Corporation **PN:** 002

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: [X]	20,880	0	27,341	17,884